

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

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ty or Town Clerk or Election Commission Please print of	or type all information	, except signatures	•	2012 A	
Fill in dates:  Reporting Period Beginning 3 Date 28	Year 2012	Ending 4	Date 28	Veal R CZOLZ H	RECE
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day prec	eding election □30	day after election	□year-end repo	H dissolut	
MARTHA P SLATTERY	COMO	ATTLE TO D		37185	ATTERY
Full Name of Candidate (if applicable)	JAN	Comm DES F. S.	ittee Name LATTERY		
Office Sought and District 2-JOSEPH RD	2-7	Name of Con	nmittee Treasurer		·
Residential Address FOXBORD 02035 308-54	138758 Enk	Committee BORO MA	Mailing Address		
Tel. No. (c		unc / //		No. (optional)	
SUMMAI	RY BALANCE IN	IFORMATIO	N:		
Line 1: Ending balance	_	_	\$	<u>:</u>	
Line 2: Total receipts th	-	line 11)	\$ 2150 \$ 2150	000	
Line 3: Subtotal (line 1 plus Line 4: Total expenditus	•	(page 3, line 14)	\$ 906	56	
Line 5: Ending balance	= :		\$ 1243.	44	
Line 6: Total in-kind con	tributions this p	eriod (page 4)	\$ <u></u>	. <u></u>	,
Line 7: Total (all) outstan	_	^	\$ 2000		•
Line 8: Name of bank(s)	used <u></u>	RON LREY	NT UNIO	$\stackrel{\wedge}{\smile}$	
Treasurer's signature (in ink)	receipts, expenditures, dis acting under the authority er the penalties of perjury	bursements, in-kind co or on behalf of this c	ntributions and liabilit committee in accordance  4/29/20  Date	ies for this reporti	ng period
FOR CANDIDATE I	FILINGS ONLY: (CA	NDWATE MUST SI	GN RETOM)		
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independe I certify that I have examined this report including attached campaign finance activity, of all persons acting under the have not received any contributions, incurred any liabilities  Candidate without Committee OR Candidate with ind I certify that I have examined this report including attached campaign finance activity, including contributions, loans, and represents the campaign finance activity of all persons M.G.L. c. 55.  Signed works.	if schedules and it is, to the authority or on behalf of nor made any expenditures dependent activity filing so if schedules and it is, to the receipts, expenditures, disb	this committee in according to the parate report best of my knowledgursements, in-kind cordinate or on behalf of this cordinate.	ordance with the requir his reporting period. e and belief, a true and atributions and liabiliti	ements of M.G.L.  I complete statemes for this reporting with the require	ent of all

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
4/18/12	- JAMES FINN	100	$\infty$	RETTREX	
7/5/12	- JAMES FINN GLENN MOTT	50	DC	RETIREN	
			-		
:	10.000	,			
		-			
· · · · · · · · · · · · · · · · · · ·					
			_		
Line 9:	Total receipts in excess of \$50 (or listed above)	100			
Line 10:	Total receipts \$50 and under* (not listed above)	100 50	DE		
	TOTAL RECEIPTS IN THE PERIOD	150	00	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address ,	Purpose of Expenditure	Amo	ount
n / /	2	MECHANIC ST			
4/23/12	toxBORD REPORTE	FOXBORO MA	AD	235	20
4/15/12	FOXBORO REPORTE RICHARD 1 ADVERT	35 TENEAN ST BUSTON MA	51GN5	235 621	56
				,	
			·		
				•	
		·			
				<u> </u>	
l		Line 12: J	Expenditures over \$50	906	51
		Line 13: <sup>]</sup>	Expenditures \$50 and under*	0	
F	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	906	5%

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		·	ı	
		Line 15	: In-kind over \$50	
		Line 16	: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind		

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred			· .	
		FOXBORDMA	, I	
4/24/12	JAMES F. SLATTERY	FOXBORDMA 2JOSEPH RD	LOAN	2000.00
/-/-	7			
		•		
			,	
	}			-
9	i · · · · · · · · · · · · · · · · · · ·			
	,			
<u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2000.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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